| NAME OF TOWN/CITY: | |
|--------------------|--|
| NAME OF TOWN/CITE | |
| | |

24-HOUR REPORT

For Municipal Candidates Report Period: May 29 – June 10, 2013

| CANDIDATE INFORMATION | | | | | |
|--|-----------------------------|--|------------------|--|--|
| NAME OF CANDIDATE | | TELEPHONE NUMBER | | | |
| MAILING ADDRESS | | OFFICE SOUGHT | | | |
| CITY, ZIP CODE | | DISTRICT NUMBER (IF AN | Υ) | | |
| NAME OF AUTHORIZED COMMITTEE, IF ANY | | l | | | |
| TREASURER INFORMATION | | | | | |
| NAME OF TREASURER | | TELEPHONE NUMBER | | | |
| MAILING ADDRESS | LING ADDRESS CITY, ZII | | CODE | | |
| CONTRIBUTOR INFORMATION | | | | | |
| NAME OF CONTRIBUTOR | OCC | CUPATION | | | |
| NUMBER AND STREET | EMI | PLOYER | | | |
| CITY, STATE, ZIP CODE | | For in-kind contributions received, describe the goods or services received: | | | |
| DATE OF CONTRIBUTION | | | | | |
| CONTRIBUTION AMOUNT: \$ | | | | | |
| IF IN-KIND, REPORT FAIR MARKET VALUE: \$ | | | | | |
| EXPENDITURE INFORMATION | | | | | |
| NAME OF PAYEE | | DATE OF EXPENDITURE | | | |
| NUMBER AND STREET | | EXPENDITURE AMOUNT | | | |
| CITY, STATE, ZIP CODE | | | | | |
| PURPOSE OF EXPENDITURE | | | | | |
| I, | certify that the informatio | on in this report is true, corre | ct and complete. | | |
| | _ , | , , | , | | |
| Signature of Treasurer | Date S | Signature of Candidate | Date | | |

INSTRUCTIONS FOR FILING 24 HOUR REPORTS

If between May 29, 2013 through June 10, 2013, a candidate for state, county or municipal office makes a <u>single</u> expenditure of \$1,000 or more, receives a contribution of \$1,000 or more, or receives a loan from the candidate or candidate's spouse/domestic partner of \$1,000 or more, a 24 Hour Report must be filed.

The report must be filed within 24 hours of making the expenditure or receiving the contribution.

FACSIMILE TRANSMISSION

A properly signed report may be faxed to the municipal clerk, provided the original is received by the municipal clerk within 5 calendar days.

IMPORTANT

The information contained in this report must be included on the appropriate schedule of the 42-Day Post Election Report.

QUESTIONS

Please contact either the Clerk's Office or the Ethics Commission: (207)287-4179.